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Actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The present report responds to a request made by the Commission on Population and Development at its twenty-eighth session, for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. The report also complies with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

The report examines levels of donor and domestic expenditures for population activities in developing countries for 2013 and provides estimates for expenditures in 2014 and projections for 2015. Donor assistance stood at $11.7 billion in 2013 and is projected to increase to $12.3 billion in 2014 and to $12.9 billion in 2015.

A rough estimate of resources mobilized by developing countries as a group yielded a figure of $52.1 billion for 2013. The 2013 figure is expected to increase to $56.2 billion in 2014 and to $59.5 billion in 2015.

While some donors have increased funding levels, others have not, owing to fiscal constraints. Developing countries are currently funding more than three fourths of population-related expenditures, and private consumers in many of those countries

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are spending more than half of domestic resources through out-of-pocket expenditures. Those circumstances have important implications with regard to access, reaching the most marginalized and slow progress in achieving targets.

Funding levels are below the amounts necessary to fully implement the Programme of Action. That is true for all four components of the population package costed under the International Conference on Population and Development: family planning; reproductive health; sexually transmitted diseases and HIV/AIDS prevention; and basic research, data and population and development policy analysis.

As the international community charts a course for the post-2015 era and crafts a new sustainable development framework, people-centred development must remain at the core of the framework. Population dynamics and reproductive health are central to sustainable development and must be an integral part of development planning and poverty reduction strategies. The success of the post-2015 development agenda will require increased efforts to mobilize the financial resources necessary to address the unfinished work of the International Conference on Population and Development.

I. Introduction

1. The present report was prepared by the United Nations Population Fund (UNFPA) in response to a request by the Commission on Population and Development at its twenty-eighth session (see E/1995/27), for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development held in Cairo in 1994. The report is part of the programme of work of the Commission and is submitted in accordance with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. The report reviews the flow of funds from donor countries for population assistance in developing countries[1] and provides estimates of governmental and non-governmental expenditures for population activities in developing countries for 2013. It also includes donor and developing country estimates for 2014 and projections for 2015. Data collection activities for both donor and domestic resource flows were undertaken by the Netherlands Interdisciplinary Demographic Institute under a contract with UNFPA. In order to build regional capacity to monitor resource flows, UNFPA and the Demographic Institute also worked with the Indian Institute of Health Management Research and the African Population and Health Research Center in the collection of data on domestic expenditures. Evaluation and analysis of data were carried out jointly by UNFPA and the Demographic Institute.

Methodology

3. A detailed questionnaire was mailed to 122 key actors in the field of population and AIDS research, including major multilateral organizations and agencies, large private foundations and other non-governmental organizations (NGOs) that provide substantial amounts of population assistance, and the donor countries of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD). In order to decrease respondent fatigue, coordinate monitoring of resource flows and ensure consistency in reporting, as much information from donor countries as possible has been obtained from the database of the Development Assistance Committee. In the absence of complete data from major donors by the publication deadline, information contained in the report is also based on estimates, taking into account past funding behaviour.

4. Information on domestic resource flows is based on data supplied by Governments and non-governmental organizations in developing countries throughout the world, secondary sources, and estimations and projections.

5. The external and domestic financial resource flows for population activities analysed in the report are based on the "costed population package", as specified in paragraph 13.14 of the Programme of Action. The package comprises family-planning services; basic reproductive health services; sexually transmitted diseases

[1] All references to developing countries in the report also include countries with economies in transition.

and HIV/AIDS prevention activities;[2] and basic research, data and population and development policy analysis.

II. International assistance to population activities

6. Donor assistance to population activities has continued to increase, although at a slower rate than in the past. In 2012, donor assistance stood at $11.4 billion, and the provisional figure for 2013 was $11.7 billion (see table 1). Current estimates suggest that funding levels had increased to $12.3 billion in 2014, and a further increase to $12.9 billion is expected for 2015. It is possible that donors who continue to be affected by slow global economic growth will not be able to increase funding levels. Consequently, the final figures for 2014 and 2015 could be below the estimates and projections set out it table 1.

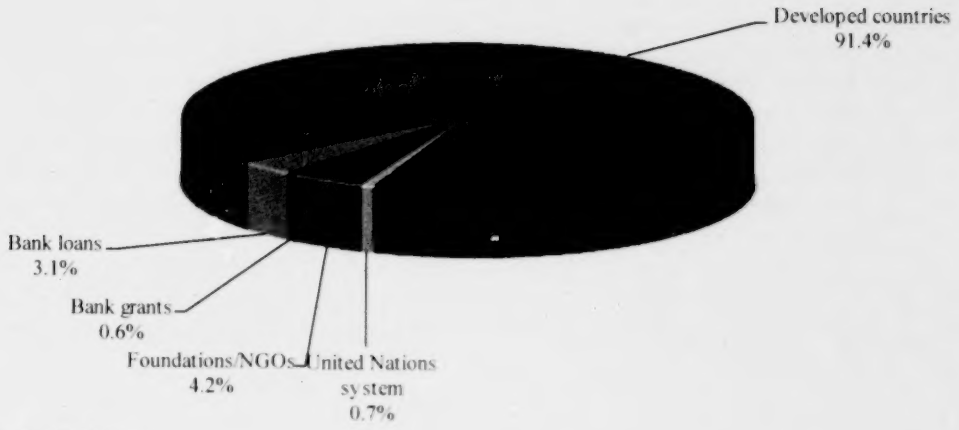
Table 1
International population assistance, by major donor category, 2012-2015
(Millions of United States dollars)

Donor category	*2012*	*2013 (Provisional)*	*2014 (Estimated)*	*2015 (Projected)*
Bilateral assistance				
Developed countries	10 257	10 725	11 146	11 682
Multilateral assistance				
United Nations system	84	84	88	88
Grants from development banks	82	65	85	85
Loans from development banks	336	367	367[a]	367[a]
Private assistance				
Foundations/non-governmental organizations	613	493	640	640
Subtotal without bank loans	**11 035**	**11 367**	**11 959**	**12 495**
Total	**11 371**	**11 734**	**12 326**	**12 862**

Source: UNFPA. 2014. *Financial Resource Flows for Population Activities in 2012* and Resource Flows Project database.
Note: Totals may not add up due to rounding.
[a] The 2014-2015 figures for loans from development banks are estimated at the 2013 level.

[2] Since 2008, in order to ensure the consistency of estimates across the United Nations system, all data on HIV/AIDS expenditures have been obtained directly from the Joint United Nations Programme on HIV/AIDS (UNAIDS) using the broader definition of AIDS.

Figure I
Population assistance by source: 2013



Total: $11.7 billion

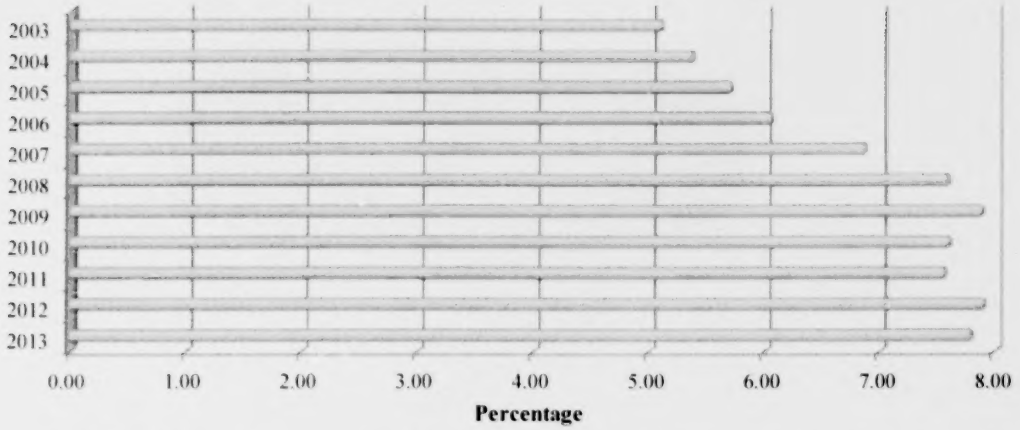
Source: Resource Flows Project database (figures are provisional).

A. Bilateral assistance to population activities

7. Donor countries traditionally provide, by a wide margin, the largest share of population assistance (see figure I). The provisional figure for bilateral assistance in 2013 was $10.7 billion in 2013, an increase from $10.3 billion in 2012. It was at its highest level in 2013. Assuming a continuing upward trend, the estimate for 2014 is more than $11 billion.

8. According to the latest OECD figures, official development assistance (ODA) stood at $134.8 billion in 2013. The percentage of total ODA that donor countries as a group contributed to population assistance was 7.8 per cent in 2013 down from 7.9 per cent in 2012 (see figure II). There are significant variations, from 0.07 per cent to 19.53 per cent, between countries in the percentage of ODA spent on population activities.

Figure II
Population assistance of donor countries as a percentage of ODA, 2003-2013



Source: UNFPA, 2014, *Financial Resource Flows for Population Activities in 2012*, and Resource Flows Project database.
Note: Data for 2013 are provisional.

B. Multilateral assistance to population activities

9. Multilateral assistance to population activities consists of contributions provided by the organizations and agencies of the United Nations system and grants and loans provided by development banks.

United Nations system

10. Multilateral assistance originating from within the United Nations system mainly consists of funds from the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA and the World Health Organization (WHO). Whatever funding the agencies of the United Nations system receive for population assistance from donor countries to the Development Assistance Committee is considered bilateral assistance. The general funds of agencies of the United Nations system that are not earmarked for population activities, interest earned on funds and money from income-generating activities that are spent on population activities are considered multilateral assistance for population. Funds received from developing countries that agencies spend on population activities are a small portion of the budget of an agency and are also included as multilateral assistance. According to provisional figures, multilateral assistance from within the United Nations system stood at $84 million in 2013.

Bank grants

11. In 2013, the World Bank, the only development bank reporting expenditures for special grants programmes, provided $65 million for population activities, down from $82 million in 2012.

Bank loans

12. Development banks, which provide loans to developing countries, are an important source of multilateral population assistance. Their contributions are treated separately from grants because such assistance is in the form of loans that must be repaid. Projects funded by bank loans reflect multi-year commitments, which are recorded in the year in which they are approved but are in fact disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention and fertility and health survey and census work. In 2013, the World Bank provided $367 million in loans for population activities.

C. Private assistance to population activities

13. Foundations, NGOs and other private organizations are also important sources of population assistance. In 2013, it was estimated that foundations and NGOs contributed $493 million to population activities, down from $613 million in 2012. Funding in 2014 and 2015 will depend in part on the economic situation of foundations and NGOs.

III. Expenditures for population activities

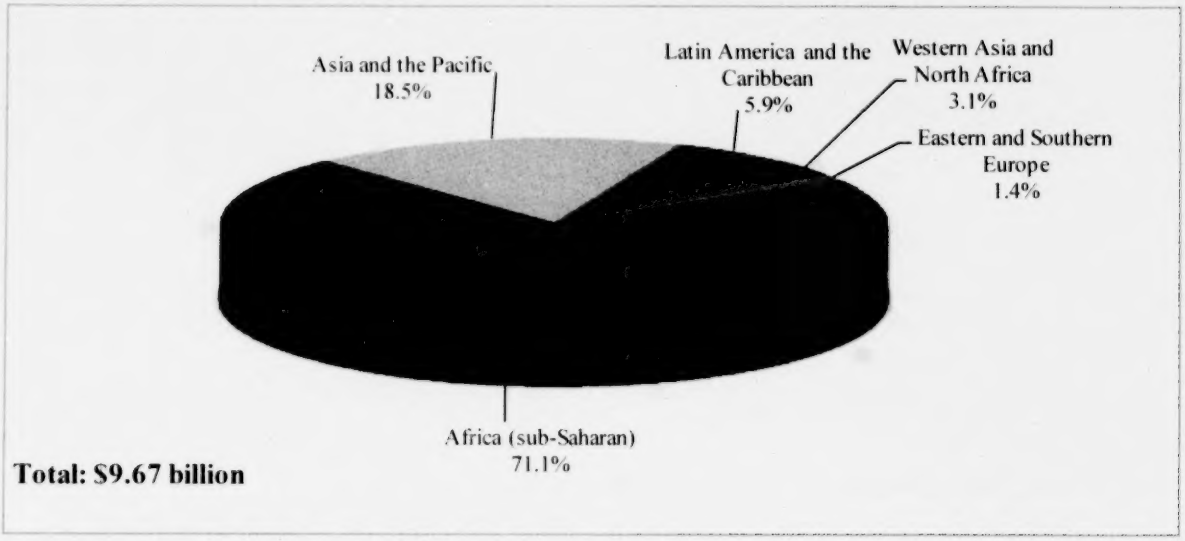
14. Figures for international population assistance reflect financial resources contributed by donors in a given year, while figures for expenditures reflect funds that have been received by developing countries in a given year. International assistance may be provided by a donor either directly to the developing country or to an intermediate donor, such as a multilateral organization or international NGO. Recipients may be Governments of developing countries, national NGOs or the field offices operated by donors in developing countries. International population assistance for a given year does not automatically equal the expenditures in that year, since funds are not always spent in the same year in which they are received. That is particularly the case when funds are channelled through an intermediate donor. Thus, for example, funds provided by a donor to a recipient developing country in year A are included in international population assistance in year A and expenditures in year A. Funds provided by a donor to an intermediate donor in year A but spent by that intermediate donor in a recipient developing country in year B would be included under population assistance in year A and under expenditures in year B. Development bank loans are not included in expenditure figures because they reflect large blocks of loan agreements made in a single year but intended to be spent over several years.

A. Expenditures for population activities by geographic region

15. Sub-Saharan Africa, which includes the majority of the least developed countries, continues to be the largest recipient of assistance, receiving 71 per cent of all assistance going to the five geographic regions (see figure III). About 25 per cent of all population assistance goes to fund global and interregional population

activities, including such activities as advocacy; research; reproductive health; HIV/AIDS prevention, care and support; and safe motherhood.

Figure III
Population assistance by geographic region, 2013



Source: Resource Flows Project database (figures are provisional).

B. Expenditures for population activities by category of activity

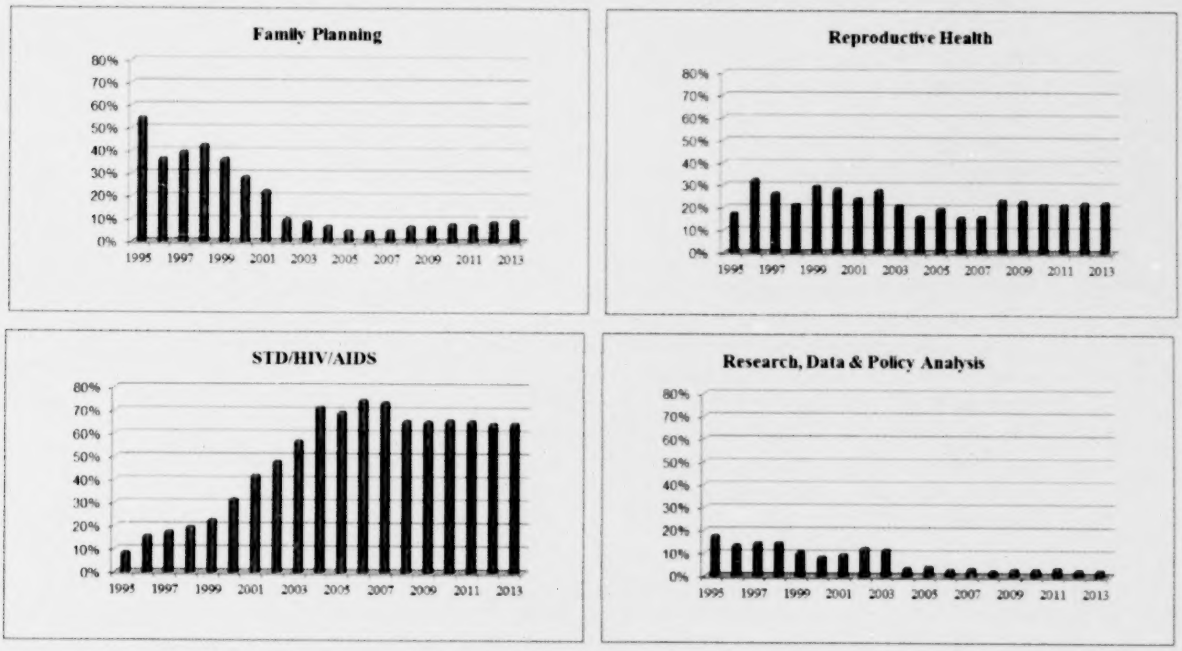
16. UNFPA monitors expenditures for population activities by the following four population categories costed under the International Conference on Population and Development: (a) family-planning services; (b) basic reproductive health services; (c) sexually transmitted diseases and HIV/AIDS prevention activities; and (d) basic research, data and population and development policy analysis.

17. The growing trend towards the integration of services and the use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population activities, between family planning, reproductive health and sexually transmitted diseases and HIV/AIDS prevention activities. However, while precise figures may not always be available, it is still possible to estimate the amount of resources that are spent on each of the four categories of the costed population package. Monitoring expenditures for the separate categories is an important component of budgeting, policymaking and programme planning.

18. Figure IV provides expenditures for population activities as a percentage of total population assistance for the four components of the costed population package from 1995 to 2013. Funding for family planning services has been increasing steadily, reaching $1.2 billion in 2013, or 10 per cent of total population assistance. Funding for reproductive health has also been increasing over the years, reaching

almost $3 billion in 2013, or 23 per cent of total population assistance. Funding for HIV/AIDS-related activities, which decreased for the first time in 2009, has begun increasing again, reaching almost $8.4 billion in 2013. Such activities received the most population assistance by a large margin, at 65 per cent. Whereas it is important to ensure substantial resources to stop the spread of HIV/AIDS, it is also critically important to mobilize adequate for family planning and reproductive health, which are essential for achieving Goal 5 of the Millennium Development Goals, on improving maternal health, progress on which has been slower than that on the other Goals. Funding for basic research, data and population and development policy analysis stood at $360 million, or just under 3 per cent of total population assistance in 2013.

Figure IV
Expenditures for population activities as a percentage of total population assistance, 1995-2013



Source: UNFPA, 2014, *Financial Resource Flows for Population Activities in 2012* and Resource Flows Project database.

C. Expenditures for population activities by channel of distribution

19. Assistance for population activities flows through a diverse network, moving from the donor to the recipient developing country through one of the following channels: (a) bilateral, directly from the donor to the recipient developing country Government; (b) multilateral, through organizations and bodies of the United Nations system; and (c) non-governmental. The NGO channel is the predominant channel for funding. In 2013, it was estimated that about 40 per cent of population assistance was channelled through NGOs, compared with 29 per cent that was received through bilateral channels and 31 per cent that came from multilateral

sources. The predominant use of NGO channels for funding is expected to continue in 2014 and 2015.

IV. Domestic expenditures for population activities

A. Methodology

20. The Programme of Action of the International Conference on Population and Development pointed out that the domestic resources of developing countries provide the largest portion of funds for attaining population and development objectives. The Programme of Action estimated that two thirds of the funding required to finance population programmes would come from domestic resources. The mobilization of adequate domestic financial resources is therefore essential to facilitate the full implementation of the agenda adopted in Cairo in 1994. UNFPA has been monitoring domestic expenditures for population activities since 1997. That has been done primarily through the use of survey questionnaires sent to UNFPA country offices throughout the world for further distribution to Government ministries and large national NGOs. Although most Governments make every effort to provide the requested information, many are often unable to supply data because of funding, staffing and time constraints. In addition, countries that do not have well-developed systems for monitoring resource flows are unable to provide information, especially when funding is pooled in integrated social and health projects and sector-wide approaches. Furthermore, most countries with decentralized Governments do not have accounting systems that can easily provide information on expenditures at subnational level. Total global domestic expenditures for population activities presented herein are estimated using a methodology that incorporates the responses of the surveyed countries, together with prior reporting on actual and intended expenditures and secondary sources on national spending. In the absence of such information, estimates and projections have been based on national income as measured by the level of gross domestic product, which has proved the most influential variable in explaining the growth of spending by Governments.[3]

B. Estimates and projections of domestic expenditures

21. The latest estimates and projections of global domestic expenditures for population activities for the period 2013-2015 are presented in table 2. Those expenditures, which include funds spent by Governments, NGOs and consumers, were estimated at $52.1 billion in 2013. The largest amount was mobilized in Asia ($39.5 billion), followed by sub-Saharan Africa ($7.0 billion), Latin America and the Caribbean ($3.3 billion), Eastern and Southern Europe ($1.5 billion) and Western Asia and North Africa ($835 million).

22. The figures are projected to increase further, to $56.2 billion in 2014 and $59.5 billion in 2015. Asia is expected to have mobilized the largest amount of financial resources in both 2014 and to continue to do so in 2015. Sub-Saharan

[3] See Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2013-2015* (The Resource Flows Project, United Nations Population Fund and the Netherlands Interdisciplinary Demographic Institute, The Hague, 2014).

Africa is expected to mobilize the second largest amount of funds, followed by Latin America and the Caribbean, Eastern and Southern Europe and Western Asia and North Africa.

23. It is estimated that 27 per cent of all domestic expenditures for population were spent on sexually transmitted diseases and HIV/AIDS prevention activities in 2013. The percentage varied considerably by region: 89 per cent in Eastern and Southern Europe, 88 per cent in sub-Saharan Africa, 84 per cent in Latin America and the Caribbean, 21 per cent in Western Asia and North Africa and 9 per cent in Asia and the Pacific.

24. Because they are often incomplete and not entirely comparable, data on domestic resource flows are rough estimates. The figures are also very much dependent on activities in a given year, so that large one-time or temporary projects may skew annual totals. Such information is useful, however, in that it provides some idea of the progress being made by developing countries in achieving the financial resource targets of the Programme of Action. Whereas the figures show a real commitment on the part of developing countries, they conceal the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, which are not able to generate sufficient resources to finance their own population programmes, rely heavily on donor assistance.

Table 2
Projection of global domestic expenditures for population activities: 2013-2015
(Thousands of United States dollars)

	Source of funds				
Year	*Government*	*NGOs*	*Consumers*[c]	*Total*	*Percentage spent on sexually transmitted diseases and HIV/AIDS*
2013					
Africa (sub-Saharan)	3 284 556	128 379	3 588 230	7 001 165	88
Asia and the Pacific	13 216 806	168 493	26 089 974	39 475 273	9
Latin America and the Caribbean	2 124 115	85 173	1 111 047	3 320 335	84
Western Asia and North Africa	478 206	63 838	292 662	834 707	21
Eastern and Southern Europe	957 698	16 649	512 368	1 486 716	89
Total	**20 061 381**	**462 531**	**31 594 283**	**52 118 195**	**27**
2014					
Africa (sub-Saharan)	3 284 208	131 779	3 587 718	7 003 706	88
Asia and the Pacific	14 627 320	171 473	28 874 329	43 673 121	9
Latin America and the Caribbean	2 046 612	84 773	1 070 611	3 201 996	84
Western Asia and North Africa	497 338	65 360	304 371	867 068	21
Eastern and Southern Europe	907 574	15 528	485 552	1 408 654	90
Total	**21 363 051**	**468 913**	**34 322 581**	**56 154 545**	**25**

Year	Source of funds				
	Government	NGOs	Consumers[a]	Total	Percentage spent on sexually transmitted diseases and HIV/AIDS
2015					
Africa (sub-Saharan)	3 290 991	136 400	3 594 796	7 022 187	87
Asia and the Pacific	15 718 433	176 789	31 028 186	46 923 408	8
Latin America and the Caribbean	2 059 915	86 535	1 080 673	3 227 123	83
Western Asia and North Africa	521 793	67 236	319 337	908 366	21
Eastern and Southern Europe	912 911	15 889	488 408	1 417 209	89
Total	**22 504 042**	**482 851**	**36 511 400**	**59 498 293**	**24**

Source: Resource Flows Project database; see also Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2013-2015* (The Resource Flows Project, United Nations Population Fund and the Netherlands Interdisciplinary Demographic Institute, The Hague, 2014).

[a] Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by the Word Health Organization for health-care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

C. Components of domestic funding for population activities

25. Domestic funding for population activities comes primarily from Governments, national NGOs and private consumers. Governments are considered to be responsible for most domestic expenditures for population activities. However, since the level of government funding usually depends on the level of national income, Governments in least developed countries, faced with many competing development priorities, often cannot afford to make the necessary investments in population. They rely heavily on external funding from donors. National NGOs also contribute financial resources for population, but the majority of them are also highly dependent on international resources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

26. Consumer spending as measured by out-of-pocket expenditures represents the largest part of domestic resources spent on population activities. Private consumer expenditures account for a large percentage of total funding for health care. Although exact amounts of worldwide health-care spending for population activities are not known, it stands to reason that a significant proportion of expenditures for family planning, reproductive health and sexually transmitted diseases and HIV/AIDS services are borne by consumers. The few available sources of information on private spending reveal great variations between regions and countries and, in some cases, changes over time in the share of private spending within countries themselves. In estimating consumer spending, the Resource Flows Project of UNFPA and the Netherlands Interdisciplinary Demographic Institute used out-of-pocket health expenditures of households from the national health accounts figures as collected by WHO. The out-of-pocket health expenditures were assumed to be the same as out-of-pocket expenditures for population goods and services.

V. Funding requirements to achieve the objectives of the International Conference on Population and Development

27. In order to ensure adequate funding for the implementation of the Programme of Action, UNFPA reviewed the original estimates for the four categories of the costed population package and produced revised estimates to meet current needs and costs. The revised estimates, which were presented to the forty-second session of the Commission on Population and Development in 2009, are much higher than the original targets agreed upon at the Conference in 1994, because they take into account both current needs and current costs and include interventions such as AIDS treatment and care and reproductive cancer screening and treatment, which were not part of the original costed population package.

28. Table 3 provides levels of funding required to achieve the objectives of the International Conference on Population and Development. In order to fully fund the necessary sexual and reproductive health services, including for family planning and HIV/AIDS services, as well as censuses, surveys, civil registration and population research and training, the international community would have needed to mobilize almost $69 billion in 2013. The costs are minimum estimates required to implement the goals set at the Conference in those areas. There will always be unspecified costs that fall outside the scope of the cost estimates, as well as adjustments for demand generation, stock maintenance, and other expenses.

Table 3
Updated cost estimates for the implementation of the Programme of Action, by subregion: 2009-2015
(Millions of United States dollars)

	2009	*2010*	*2011*	*2012*	*2013*	*2014*	*2015*
Global	**48 980**	**64 724**	**67 762**	**68 196**	**68 629**	**69 593**	**69 810**
Sexual/reproductive health/family planning	23 454	27 437	30 712	32 006	32 714	33 284	33 030
Family planning, direct costs	2 342	2 615	2 906	3 209	3 529	3 866	4 097
Maternal health, direct costs	6 114	7 868	9 488	11 376	13 462	15 746	18 002
Programmes and systems related costs	14 999	16 954	18 319	17 422	15 723	13 672	10 931
HIV/AIDS	23 975	32 450	33 107	33 951	34 734	35 444	36 189
Basic research/data/policy analysis	1 551	4 837	3 943	2 239	1 181	864	591
Sub-Saharan Africa	**20 063**	**27 075**	**29 473**	**29 869**	**30 292**	**30 022**	**28 980**
Sexual/reproductive health/family planning	8 482	10 612	12 596	12 675	12 764	12 184	10 731
Family planning, direct costs	329	414	506	606	713	827	931
Maternal health, direct costs	1 429	1 833	2 280	2 771	3 306	3 883	4 411
Programmes and systems related costs	6 725	8 366	9 809	9 298	8 746	7 473	5 389
HIV/AIDS	11 228	15 891	16 227	16 746	17 243	17 638	18 110
Basic research/data/policy analysis	353	571	651	449	285	200	139
Asia and the Pacific	**17 549**	**23 281**	**23 923**	**23 788**	**23 862**	**24 415**	**25 245**
Sexual/reproductive health/family planning	9 055	10 278	11 027	11 753	12 124	12 820	13 533
Family planning, direct costs	1 434	1 552	1 675	1 803	1 937	2 077	2 156
Maternal health, direct costs	2 799	3 664	4 299	5 110	6 018	7 024	8 054

	2009	2010	2011	2012	2013	2014	2015
Programmes and systems related costs	4 822	5 062	5 053	4 840	4 169	3 719	3 323
HIV/AIDS	7 853	10 687	10 848	11 048	11 207	11 409	11 525
Basic research/data/policy analysis	641	2 316	2 048	987	530	186	187
Latin America and Caribbean	**6 366**	**7 591**	**7 439**	**7 775**	**7 699**	**7 966**	**8 320**
Sexual/reproductive health/family planning	3 132	3 401	3 627	3 837	3 922	4 119	4 347
Family planning, direct costs	310	343	378	414	452	492	518
Maternal health, direct costs	958	1 182	1 431	1 706	2 009	2 340	2 680
Programmes and systems related costs	1 864	1 876	1 818	1 717	1 461	1 286	1 150
HIV/AIDS	3 072	3 461	3 562	3 630	3 703	3 770	3 867
Basic research/data/policy analysis	162	729	250	309	74	78	106
Western Asia and North Africa	**2 795**	**3 685**	**3 418**	**3 538**	**3 501**	**3 865**	**3 721**
Sexual/reproductive health/family planning	1 852	2 009	2 130	2 232	2 258	2 339	2 415
Family planning, direct costs	178	204	231	261	292	325	346
Maternal health, direct costs	603	735	873	1 019	1 171	1 328	1 471
Programmes and systems related costs	1 071	1 070	1 025	953	796	686	598
HIV/AIDS	798	1095	1 112	1 131	1 146	1 163	1 183
Basic research/data/policy analysis	145	582	177	174	97	363	123
Eastern and Southern Europe	**2 204**	**3 091**	**3 508**	**3 226**	**3 275**	**3 326**	**3 542**
Sexual/reproductive health/family planning	933	1 137	1 334	1 510	1 645	1 824	2 004
Family planning, direct costs	91	103	116	125	135	145	146
Maternal health, direct costs	324	454	605	771	960	1 171	1 386
Programmes and systems related costs	517	579	613	614	551	508	471
HIV/AIDS	1 023	1 316	1 358	1 397	1 435	1 465	1 503
Basic research/data/policy analysis	248	638	816	320	195	38	35

Source: UNFPA, 2009, *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*.

Note: UNAIDS has since updated its cost estimates for HIV/AIDS expenditures to depict a scenario that reaches coverage later than the original figures presented here. For 2009, the global figure for HIV/AIDS was $20 billion. That will increase incrementally until it reaches $37 billion in 2015, slightly higher than the original estimate.

29. The costing estimates for family planning assume that the current unmet need will be satisfied in 2015, although there is likely to be greater demand for family planning as people become more aware of the options. The costing estimates for reproductive health include antenatal care, delivery care, obstetric complications care, newborn interventions, reproductive organ cancer screening and treatment and other maternal care interventions. Sexually transmitted diseases and HIV/AIDS costing includes prevention, treatment, care and support, including specific elements to address issues of prevention of violence against women.

30. The cost estimates for the drugs, the supplies and the personnel needed to achieve the goals of the International Conference on Population and Development increase significantly over time owing to the increased number of people projected

to be receiving care as service coverage is scaled up and to underlying population increases.

31. Health systems and programme costs related to family planning and reproductive health were estimated to reflect the need for a significant investment in the health systems and planning in order to achieve the goals of universal coverage set out at the International Conference on Population and Development. Without adequate investment in health systems and programmes, it will be impossible to achieve the coverage goals. Elements included in the cost estimation included programme management, supervision, health education, monitoring and evaluation, advocacy, health system infrastructure, information systems, human resources training and commodity supply systems. The cost estimates for health systems and programmes peaked in 2011 and then began to decline. Cost estimates also included support during humanitarian crisis situations, which pose an ongoing challenge to medical systems in many countries.

32. It is estimated that total costs for sexual/reproductive health, which includes the family-planning and maternal health components (including direct costs and programme and systems costs), will have been $27.4 billion for 2010, that costs will have peaked at $33.3 billion in 2014 and will decrease slightly to $33 billion in 2015. Total costs for the HIV/AIDS component have been estimated at $32.5 billion in 2010, increasing each year thereafter, until they reach $36.2 billion in 2015.

33. The estimates for the basic data, research and population and development policy analysis component were obtained by summing four expenditure categories: censuses, surveys, civil registration, and research and training. Census expenditures were based on per capita census costs by subregion, which varied from $1.50 in Eastern, Middle and Northern Africa to $11.70 in Southern Europe. The total was then allocated to a four-year period: 10 per cent in the year before the census; 60 per cent in the census year; and 15 per cent in each of the two years after the census. Survey costs were estimated at $1.25 or $1.50 per household, depending on the subregion, while the household sample sizes were estimated at 1 per cent, 0.5 per cent, or 0.25 per cent, depending on whether the country had less than 1 million, from 1 to 25 million or more than 25 million inhabitants. Furthermore, it was assumed that all developing countries should have a survey of that kind once every four years.

34. For civil registration costs, it was assumed that the cost of processing each event (births, deaths, marriages and divorces) and entering such information into the statistical system is one third of the per capita census costs for each subregion. The expenditures for research and training were computed as 5 per cent of the total average annual costs of the previous three categories during the period from 2005 to 2015. The updated cost estimates for the data and research component are considerably higher than the original estimates agreed upon in Cairo in 1994, primarily because they reflect the real costs of census-taking to a much larger degree than previously. That was especially true in 2010, when total expenditures were estimated to have reached $4.84 billion, of which $4.41 billion was spent on census expenditures. On the whole, census expenditures make up about three quarters (75.8 per cent) of the total: surveys 6.9 per cent, and civil registration 12.5 per cent. The average annual expenditure over the 7-year period is estimated to be $2.17 billion.

VI. Twenty-year review of the International Conference on Population and Development

35. The 20-year review of the International Conference on Population and Development reaffirmed the consensus, reached in Cairo in 1994, that increasing social, economic and political equality and access to sexual and reproductive health and rights is the basis for promoting individual well-being, lower population growth and sustainable development.

36. The report of the Secretary-General, entitled "Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014" (A/69/62), showed that significant achievements have been made during the period from 1994 to 2014. Data from 176 countries, expert meetings and academic research and a series of regional and thematic consultations showed that progress had been made in many areas: the number of people living in extreme poverty declined by millions; maternal mortality worldwide declined; more children, especially girls, were going to school; and more women had access to education and employment.

37. Although considerable progress has been made, it has been uneven. The reality is that not everyone has benefited from development and persistent inequalities and discrimination remain. In many countries, only the wealthier segments of the population have benefited from development, with the poorest communities seeing little progress. Maternal mortality continues to remain unacceptably high in many parts of the world. Women continue to experience physical and/or sexual abuse. Girls continue marry before the age of 18, effectively closing the door to education and other opportunities.

38. The Programme of Action is as relevant today as it was in 1994, but there is still much work to be done. The international community must renew its commitment to the promises made in Cairo in 1994. Additional investments are needed to ensure that the benefits of development reach all segments of the population, especially the poorest and most vulnerable, who are often left behind.

VII. Conclusion

The way forward

39. Financial resources for population activities in developing countries stood at approximately $63.8 billion in 2013. Donors contributed $11.7 billion, and developing countries mobilized $52.1 billion.

40. As the international community charts a course for the post-2015 era and crafts a new sustainable development framework, people-centred development must remain at the core of the framework. Population dynamics, including the number, age, movement and location of populations, affect economic development, employment, income distribution, poverty, social protection and pensions. Population dynamics also affect efforts to ensure universal access to health, education, housing, sanitation, water, food and energy. Population dynamics influence the sustainability of cities and rural areas, environmental conditions and climate change. Those linkages are influenced by the ability of women and young

people to make free and informed decisions about reproduction, marriage and migration and the participation of women and young people in the social, economic and political life of their communities.

41. Population dynamics and reproductive health are central to sustainable development and must be an integral part of development planning and poverty reduction strategies. Addressing the unfinished work of the International Conference on Population and Development in the areas of population and reproductive health will contribute to the success of the post-2015 development agenda embodied in the sustainable development goals, including the eradication of poverty and hunger, the achievement of gender equality and the empowerment of women and girls.

42. In the period beyond 2015, transforming the world to better meet the needs of people everywhere will require increased efforts to mobilizing the financial resources necessary to meet increasing needs, including in the areas costed in the population package of the Programme of Action, such as family-planning, reproductive health, sexually transmitted diseases and HIV/AIDS and basic research and data. It is essential that all donors and developing countries, not just those that currently spend more on population, mobilize adequate resources to achieve the goals set out in the Programme of Action.

43. Donor countries, international agencies and developing countries must continue to strengthen their efforts and collaboration to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible. Coordinating donor financing policies and planning procedures will help to enhance the impact and cost-effectiveness of contributions to population programmes. It is essential to ensure that the needs of all segments of the population, especially the poor, are met.

44. The challenge before the international community is to renew political commitment to the principles of equality, rights and dignity, which provided a foundation for the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development and currently guide the global sustainable development agenda, and to mobilize the financial resources required to continue to implement the unfinished agenda of the Programme of Action in the period beyond 2015.